



Professionalization of Medical Interpretation in the USA and its Implications for China

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Abstract: Professionalization of medical interpretation is a social process by which the interpretation transforms itself into a true profession of the highest integrity and competence. For almost 30 years, medical interpretation has experienced all aspects of the professionalization process in the United States, and the industry has been growing quickly. China's economic prosperity in recent years and the influx of foreign populations have created a huge demand for medical interpretation. This paper reviews the professionalization of medical interpretation in the USA and assesses the prospect of professionalization in China.

Keywords: medical interpretation; professionalization; USA; China

1. Introduction

The history of medical interpretation can be traced to the beginning of human migration. In the early days, immigrants who could speak two languages often acted as “intermediaries” to assist in communication. Nowadays, this kind of “natural interpretation” by bilingual users who have not received strict professional training can still be seen everywhere. When foreigners in China or Chinese with limited English proficiency in America go to hospitals or clinics for medical treatment, they need a professional translator. The patient feels that each word spoken by the doctor is important, so they will feel uneasy if they miss any words or sentences the doctor speaks due to their limited language proficiency. Compared with conference interpretation and liaison and escort interpretation, the research on medical interpretation in China is still rare and limited. The author used the keyword “医疗口译” (medical interpretation) to search for papers concerning medical interpretation, in CNKI, the largest Chinese journals database in the world. Subsequently, only two related papers were found. In contrast, in recent years, the research on medical interpretation in the United States has been increasing. This paper explores the rise and development of medical interpretation in the United States and assesses the prospect of the professionalization of medical interpretation in China.

2. Characteristics of Medical interpretation

The interpreter builds a bridge of language and culture between doctors and patients and serves those in need with their accurate translation and professional knowledge. Specialized training is an important aspect of professionalization. As a profession, either full-time or part-time, interpreters must have special skills required by the profession. Bilingual ability is not equal to interpreting ability. The following can only be acquired through professional training: the interpreter's knowledge of their own identity, familiarity with professional standards, and skills needed for professional interpretation, such as recognizing doctors' handwriting, understanding euphemisms, and dialects when patients describe their illness, and mastering a large number of medical terms.

Compared with general interpretation, medical interpretation is more challenging. Patients suffering from illness, psychological anxiety, infectious diseases, will inevitably affect the interpreter, causing the interpreter's failure in completing the task. Therefore, medical interpreters must have psychological endurance more than ordinary people. The practice has proved that necessary pre-translation preparation and basic medical knowledge are still necessary. One of the difficulties in medical interpretation is that the interpreter may encounter ethics-challenging matters, such as a patient asking the interpreter how their illness can be cured. If the interpreter does not handle it well, they may violate the professional ethics of medical interpreters and may receive warnings from the translation association or the employer. Interpreters may encounter disturbing situations such as a patient dying during the interpretation process, or patients are in severe pain in the ICU unit. These occasions can test the interpreter's psychological ability. After experiencing such occasions, interpreters are recommended to receive psychological counseling from social workers.

Medical interpretation is the bridge of communication between doctors and patients. For patients whose mother tongue is not English, the medical interpreter translates what the medical staff said to the patient, and then translates the patient's words to the medical staff. If there are cultural differences, the medical interpreter explains these cultural differences to both doctors and patients, so that they can fully understand and communicate with each other. However, the medical interpreter is only responsible for translation, and cannot answer patients' questions or make any decisions for the patients.

Medical interpretation is in great demand in two countries with many immigrants, the United States and Canada. More and more foreigners and new immigrants are seeking medical treatment, which promotes the increasing demand for medical translation in America, especially Chinese translation. For example, the Provincial Language Services (PLS) in British Columbia, and non-profit organizations such as MOSAIC and SUCCESS recruit interpreters of various languages every year. After signing contracts with the interpreters, these organizations allocate jobs to them as contract workers. PLS is regarded as one of the largest interpretation service providers, and Mandarin and Cantonese are the two languages with the largest number of demand and recruits. Telephone interpretation and video interpretation in the United States have developed rapidly. Telephone interpretation companies recruit interpreters all over the world, and their clients call to have a three-way telephone or video call, and the interpreters provide interpretation for both parties on the phone or video. With flexible working hours,

medical translation has gradually become the new favorite career choice for some Chinese.

As a large immigrant country, more than 25 million residents in the United States have Limited English Proficiency and are regarded as LEP people (Zong & Jeanne, 2015). According to medical providers, 80% of hospitals in the USA often encounter LEP patients, 81% of physicians often receive LEP patients, and 84% of federally certified health centers provide outpatient services for LEP patients every day (NACHC, 2008). However, data shows that the adverse medical events encountered by LEP patients due to language barriers are twice as many as those under normal conditions (Jacobs, Shepard, Suaya, & Stone, 2004). For a long time, the main translation service for LEP patients still was the “natural interpretation” by bilingual speakers, including bilingual medical staff, family members and friends of patients, and even minor children. Mistakes made by untrained “natural interpreters” are hidden dangers leading to various medical accidents, even loss of life. Eliminating the language barrier is the necessary way for LEP clients to enjoy medical services equally.

3. Professionalization of medical interpretation in America

Title VI of the Civil Rights Act of 1964 stipulates that discrimination against LEP clients by federal-funded institutions or projects is prohibited. In August 2000, Executive Order No.413166 of the United States further declared that LEP patients enjoy the services provided by various institutions equally. In the same year, the Department of Health of Human Services of the United States stipulated that LEP people must be provided with federal financial assistance for language translation services. Patients whose mother tongue is not English have the right to apply to hospitals for medical translation services when visiting a doctor in the United States, and this service is free in some states (such as California). In 2003, the employment rules of interpreters and standards for qualified interpreters were put forward. Since then, occupational medical interpretation in the field of health care has been gradually rising in the United States.

Besides being able to speak both Chinese and English, medical interpreters need professional training. Medical interpretation involves cultural differences, specific etiquette, and specialized skills, so “natural interpretation” is not adequate. Professional interpreters should have professional quality, abide by professional norms, and master professional skills. Medical English has a large amount of specialized vocabulary. Even native English speakers are not familiar with all the items in the medical vocabulary. Medical interpretation practitioners who have obtained the qualification certificate are more favored in the market than those who have not, and their income is higher. However, due to the shortage of medical translation talents, the current translation threshold is not high. Currently, the requirements for entering the medical translation field are generally just fluency in Chinese and English, quick response, and shorthand ability. There are many translation companies of different sizes in the market, and the larger ones are LanguageLine and CyraCom.

3.1 Professional standards in the field of medical interpretation

Professional medical interpretation denotes interpreters have received professional training, strictly follow professional ethics, master complex medical terms, and can accurately and completely converse between two languages. They aim to help medical practitioners and patients with limited English proficiency communicate effectively and improve the quality of medical services. Until now, although the United States has made great progress in providing language services for LEP patients, the shortage of qualified medical interpreters is still an important reason why those people cannot get effective health care services. To provide medical interpreters with a code of ethics to follow, the American Department of Health and Human Services, California Healthcare Interpreters Association (CHIA), National Council on Interpreting in Health Care (NCIHC), and International Medical Interpreters Association (IMIA) have respectively formulated and gradually improved their professional standards. Specific standards were given, concerning how interpreters should deal with the issues of language, culture, ethics, morality, and belief when they perform their tasks, and how they should help achieve the ultimate goal of medical interpretation, which is to promote smooth communication between doctors and patients and ensure the effect of diagnosis and treatment. The introduction of the guidelines also guides vocational training, interpreter recruitment, and quality supervision.

There are specified professional ethics standards for medical interpreters in the USA. In addition to the two most basic requirements of “accuracy and completeness”, there are many other requirements, such as keeping the patient’s privacy confidential and not doing anything other than interpretation. Before the official translation begins, the medical interpreter first indicates to both doctors and patients that the content of the interpretation will be kept confidential to everyone except the medical team. Many interpreters may feel that with their years of experience in interpreting and the knowledge they have learned, they can give some medical advice to patients in private. This is not allowed. Interpreters are not doctors and the line is not to be crossed. However, due to legal or ethical needs, if the patient has the intention to murder, mistreat children and the elderly, or other domestic violence, the interpreter is obliged to inform the doctor.

The interpreter is expected to guide and encourage direct communication between doctors and patients. Interpreters shall not make suggestions, show partiality, discriminate, or make negative body gestures such as shrugging and rolling eyes. Meanwhile, they should not conceal their relationship with the patient and avoid occasions where the patient is the interpreter’s family member or friends. If the relationship with the patient may cause embarrassment and discomfort to the interpreter or the patient, which may lead to unsmooth communication, the interpreter should request for withdrawal from the scene. However, if there is no substitute interpreter, the interpreter must overcome psychological discomfort and complete the interpretation task.

The relationship between the interpreter, doctors, and patients is equal. This relationship does not change due to differences in gender, race, religion, belief, culture, social status, and political views. If tension between doctors and patients has developed, interpreters should help defuse it. Interpreters do not try to influence patients’ decisions and choices with their judgment, respecting patients’ space, and visual privacy needs. The key role of

medical interpretation is to help LEP patients communicate with doctors for timely diagnosis and treatment. Although the interpreter has no obligation to be the “spokesperson” of the patient, from an ethical point of view, if the interpreter perceives that the doctor is discriminating against the patient, they should intervene in time.

In an ideal interpreting situation, an interpreter is an invisible person and a mouthpiece. However, the scene context is complex and changeable. To achieve smooth communication, interpreters must assume their multiple identities, and ensure that patients receive effective medical services before, during, and after translation. Interpreters are expected to be honest, reject bribery, and refuse to accept tasks for which they are not competent. They should be proficient in bilingual conversion and interpreting skills, receive continuous training, and improve professional standards.

3.2 Qualification certification

In October 2009, the National Board of Certification for Medical interpreters (NBCMI) conducted a pilot test and started the formal test on April 28, 2010. In June, it produced the first batch of certified medical interpreters in history. On October 18, 2010, the first medical interpretation certification test sponsored by Certification Commission for Healthcare Interpreters (CCHI) was also launched nationwide. Although NBCMI and CCHI are relatively independent certification bodies, their designs for the tests are very similar, and they delimit the boundaries and scope in terms of candidates’ registration qualifications and examination contents.

Currently, to become certified, one can opt for either NBCMI or CCHI’s test. The two tests, similar in their difficulty, are both computer-based. They require that the test taker has fluency in both Chinese and English and a good command of professional medical vocabulary. The focus of the two exams is slightly different. CCHI’s exam includes consecutive interpretation, simultaneous interpretation, and visual translation, while NBCMI’s exam does not have simultaneous interpretation, focusing on visual translation and consecutive interpretation. Before taking the medical interpretation qualification examination, test takers must have received 40 hours of medical interpretation training or practical experience including the time spent attending academic seminars related to interpretation or engaging in other fields such as law and community translation.

CCHI, the American Association of Medical Interpreters Certification, has two certification examinations: Core CHI (Core Certification Healthcare Interpreter) and CHI (Certified Healthcare Interpreter), namely Subject 1 & Subject 2. Candidates can only apply for the second one after passing the first. Subject one, CoreCHI, is a computer test, knowledge test, two hours, 100 multiple-choice questions, all in English. Subject 2 CHI is also a computer test, oral test, one hour, you have to choose a specific language. CHI-Mandarin is the choice for Chinese interpreters. Both certification exam full scores are out of 600, and a score of 450 means passing the exam. Before registering for the exam, candidates should first complete 40 hours of training. CCHI’s official website provided a list of training institutions. There are on-site lectures and online courses. The training price is generally around \$600. For example, there are two training institutions: ALTA Language Services and Medical Interpreting Training School (MITS). No study/work background in the medical industry is required to register for the exam and there is no

need for translation/interpretation experience. Candidates are required to provide proof of proficiency in a second language. It can be a transcript of a language exam or a certificate of obtaining a degree in a relevant country, for example, China or Taiwan.

Subject 1 CoreCHI Exam (computer-based, knowledge test, two hours, 100 multiple-choice questions, all English questions) includes: Professional Responsibility and Interpreter Ethics (22%); Manage the Interpreting Encounter (22%); Healthcare Terminology (22%); U. S. Healthcare System (15%); Cultural Responsiveness (19%); Subject 2 CHI Exam (computer-based, one hour, seven different scenarios, spoken Chinese and English) includes: Consecutive Interpreting (75%); Simultaneous Interpret (14%); Sight Translation (9%); Translate Healthcare Documents (2%)。

Once a person obtains the medical interpreter certificate, it means they are qualified to provide the related services. Nevertheless, a medical interpreter needs not only certain training before the exam but also long-term training after entering the workplace. Even the best and most experienced interpreters cannot guarantee to finish every task well. New interpreters need to continue their education, ask experts to supervise and guide them, and listen to the feedback from doctors and patients, to improve their professional quality day by day.

Trade associations are non-profit and self-disciplined organizations voluntarily organized by enterprises in the same industry, which mainly balance and coordinate the interests of the members within the organization, communicate information, maintain order, and conduct self-discipline management. The main function of medical interpretation association is to formulate professional standards, ethics, and training standards; hold regular seminars and publish periodical newsletters to convey the voice of translators; develop and improve the professional status of medical interpreters, and ensure good working conditions and salary of interpreters; establish an interpreter database to help clients obtain effective medical services.

Almost every state in the United States has its medical interpretation associations. Some of these associations are organized by interpreters themselves, while others are affiliated with universities, community hospitals, or clinics. The influential ones include national IMIA and NCIHC and CHIA in California. There are also special sign language translation associations in America, such as the Registry of Interpreters for the Deaf.

Like other industries, the knowledge in the field of medical interpretation, especially medical vocabulary, is constantly updated. Under the guidance of an effective and credible qualification examination, interpreters should adhere to “lifelong learning” for the well-being of patients and the improvement of their professional accomplishment. NBCMI stipulates that after certification, the certificate holder should receive at least three Continuing Education Units (equivalent to 30 hours) every five years, and relevant seminars and training courses will be attended to expand terminology reserves and enhance memory. Otherwise, the certificate will be revoked and the certificate holder will have to take the exam again.

4. The development of medical interpretation in China

China is not a traditional immigrant country. However, in the past 30 years, with the rapid development of the economy and the expanding contacts with the world, more and more foreigners have come to China for short-term and long-term residence due to work, study, or travel. According to the official document of the Chinese Finance Department (2019), in 2018, 30.54 million foreigners entered China. In 2016, more than 900,000 foreigners came to work in the Chinese mainland (Xu & Zhou, 2017). Peking Union Medical College Hospital, established as early as 1921, provided medical services in English without using interpreters. Instead, English-speaking medical staff communicated directly with foreign patients. This situation still exists today. Seeing a doctor has become a source of anxiety for many foreign guests because of the language barrier. It is undeniable that the research on medical interpretation in China has just started. Especially, as a profession, medical interpretation has only attracted the attention of a very small number of individual researchers in the field of interpretation. When a Chinese hospital has a demand for interpreters, it finds a staff member who can speak some English and does not ensure the interpretation quality. Even if some large hospitals in China have reception rooms for foreign guests, they only use a limited number of English-speaking medical staff members, and the medical service may not be satisfactory. The development of medical interpretation in the United States fully shows that in consideration of China's situation today, it is necessary and urgent to train specialized medical interpreters and conduct scientific research. The specialization process of medical interpretation in the USA can give China a good reference.

Medical interpretation has a high market demand in China and has attracted the attention of translation experts and scholars. The author searched for “medical interpretation” with the search engine Baidu, and the search results include the recruitment of medical interpretation talents by translation companies, medical interpretation training programs provided by training institutions, and “medical interpretation vocabulary” of interpretation learning websites. The results show that medical interpretation has begun to have a market in China. Professionalization of interpretation includes the professionalization of interpreters. It should be emphasized that it is a trend that English-speaking experts and scholars engaged in humanities, science, and engineering fields join the interpreting team. Interpretation training should be aimed at a wider range of people, which is the guarantee for comprehensively improving the quality of the interpreting team. Accordingly, the voice of establishing professional interpretation qualification certification is getting louder.

5. Implications for China

China's current medical interpretation is like a virgin land waiting to be reclaimed, and the market demand determines the development prospect of this industry. Based on the history of the professionalization of medical interpretation in the United States, medical interpretation in China is predicted to go through several stages: forming trade associations, formulating ethics codes, perfecting qualification certification, and providing professional training. IMIA, the earliest professional association of medical interpretation in the United States, was founded in 1986. By June 2010, it finally completed the first national medical interpretation qualification certification in history,

more than 20 years since its foundation. According to the specific market, China should formulate professional standards and certification evaluation systems in line with China's national conditions. This will be a long-term process that requires the joint efforts of a large number of "like-minded people". The author hopes that more and more people will join this team, conduct theoretical and empirical research, establish a scientific training system, and train qualified medical interpreters.

The development of medical interpretation in China is inseparable from the research on the training of medical interpreters, while the training system of medical interpreters is rarely discussed in depth in China. Because of this, the author puts forward the following thoughts, hoping to give some inspiration to the academic circles.

(1) The establishment of medical interpretation courses. In the curriculum of American medical interpretation training institutions, medical terminology appears most frequently. There are two main reasons: First, it is determined by the basic characteristics of medical interpretation. Secondly, the most obvious problem in medical interpretation and translation lies in the use of technical terms. Therefore, it is necessary to set up medical terminology courses systematically, and learn from the professional standards of foreign qualification certification institutions, the role of interpreters, the basic skills of interpretation, cultural and ethical issues, and communicative skills.

(2) The training of medical interpreters. Medical interpreters should have a solid bilingual foundation and interpreting ability, basic medical knowledge, mastery of medical terms, the ability to deal with language, culture, ethics, morality, beliefs, and other problems in diagnosis and treatment. Furthermore, they should know how to promote smooth communication between doctors and patients and ensure the effect of diagnosis and treatment. In 2009, China's Ministry of Education issued Document No.1 to comprehensively promote the master's degree training program and train advanced applied talents, including the pathways of translation and interpretation (MOE, 2009). It is recommended medical colleges and foreign language colleges cooperate to offer translation masters' programs. Translation master's programs have high-quality teachers and strong scientific research support, which can strengthen interpreters' bilingual language ability and carry out relevant scientific research to ensure the scientific training of interpreters. Medical colleges have abundant medical resources and can provide a teaching platform for medical interpreters' medical expertise and medical terminology teaching. Meanwhile, their affiliated hospitals can also provide medical interpreters with internships and even practice venues.

(3) The professionalization of medical interpreting. The social recognition degree of medical interpretation in China is lower than that of conference interpretation. The lack of social cognition is one factor. The main reason is that the professionalization process of medical interpretation lags behind other specialized interpretations. Currently, there are no unified professional standards, and the market is in disorderly competition. The development of medical interpretation in the United States has gone through a process from non-standardization to standardization, from disorder to order. Some scholars suggest that the professionalization of medical interpretation in China should draw lessons from the professional system of medical interpretation in the United States.

Meanwhile, combined with the specific market, China should work out the professional standards and certification evaluation system in line with its national conditions.

6. Conclusion

With the rapid development of China's economy and the increasing status in the international arena, the exchanges between domestic and foreign personnel will be continuously strengthened, and medical interpretation will have more and more market and training needs. At present, developing the discipline of medical interpretation and its personnel training can expand the scope of China's interpretation research, improve the level of interpretation research, and enrich the connotation of interpretation research. It is hoped that academic research on medical interpretation will attract enough attention and more "people of insight" to join further research on medical interpretation.

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